

Administrative Policies and Procedures: 19.8

Subject:	Transitioning Youth into the Division Of Mental Retardation Services (DMRS) Adult Services
Authority:	TCA- 33-9-102, 37-5-106
Standards:	DCS 5-401, 6-300-302, 7-100A-101A
Application:	All Department of Children's Services Employees

Policy Statement:

All youth in DCS custody with mental retardation nearing adulthood shall be referred for DMRS services prior to adult age.

Purpose:

To ensure DCS youth diagnosed with mental retardation obtain needed DMRS services prior to age mandated release from custody.

Procedures:	
A. Supplemental Security Income Application at Age 16½	The DCS Family Service Worker (FSW) will make application for Supplemental Security Income (SSI) financial benefits at the age of 16½ years for a child with a handicapping condition who is not already receiving SSI benefits. The FSW will telephone the Social Security Administration office to schedule a new referral appointment. During the initial interview with the Social Security representative, the FSW will be informed of the records needed to support the SSI application. The FSW will gather and submit these records along with the formal written application to the Social Security Administration. SSI application approval generally takes from four to six months.
B. DMRS Waiting List	Once a child diagnosed with mental retardation enters custody, the FSW will telephone the Division of Mental Retardation Services to arrange an intake application appointment to place the youth on the Mental Retardation (MR) Medicaid Waiver waiting list. Psychological testing with a full-scale intelligence quotient score of 70 or below prior to adult age is required before a child can be added to the waiting list. Although children without Supplemental Security Income (SSI) can be put on the waiting list, they cannot be approved for MR Waiver Services without SSI benefits.

When a youth with mental retardation becomes age 17, the FSW will contact the

Original Effective Date: DCS 19.8, 08/01/07 Current Effective Date: 01/10/08

Supersedes: DCS 19.8. 08/01/07

H. Conservator

Appointment

DCS Regional Adult Transition Specialist (ATS) to inquire about appointment of a conservator. DMRS legal staff handles the court process. The FSW is responsible for filling out the required forms and participating in the court hearing. Although a conservator appointment cannot be made before the youth reaches adult age, the appointment date can be timed to coincide with the youth's adult birthday or custody exit date. Failure to begin the conservator appointment process can hinder adult transition into DMRS services since appointment of a conservator can take many months, dependent upon the local court and availability of a DMRS attorney. **Please note:** Conservator requests for youth in the mild mental retardation range will not usually be approved based on their higher adaptive level of functioning. For these youth, DMRS cannot provide services unless the youth consents in writing to accept MR Waiver services.

D. Preliminary Referral to DMRS At age 17½

The FSW will contact DMRS to begin the DMRS application process when the youth is age 17½. This will allow DMRS to have preliminary discussions about the youth's treatment needs with DCS and potential providers to begin a general provider search. Additionally, a DMRS case manager is assigned to the case until MR Waiver services are approved. The DMRS case manager should be invited to attend any adult transition planning Child and Family Team Meeting (CFTM) sessions.

E. 90 Days before the Youth is to Exit Custody

90 days before the youth's adult birthday or age mandated custodial release date, the FSW will telephone DMRS to request an intake appointment for completion of the Preadmission Application Evaluation (PAE). The PAE document functions as the youth's initial plan of care for DMRS. The PAE must be updated every 90 days during the application process. A current psychological evaluation (within 90 days) and a physical examination within 12 months report must be included with the PAE. Additionally, DMRS will advise DCS if there is other supporting documentation needed.

- 1. The FSW will schedule a physical examination with the Primary Care or other physician if a physical examination by a licensed physician has not been completed in the past year. The annual medical screenings performed by the Health Department are unacceptable since these evaluations are not performed under the supervision of a physician. Even so, this physical exam will not replace the annual Early Periodic Screening Diagnosis and Treatment (EPSD&T) screening due to TennCare requirements. Because the PAE must be signed by a physician, the physician conducting the physical exam may need to sign the PAE application at the same time the physical examination is being completed. DMRS will notify DCS if the PAE is ready for a signature then. Otherwise, DMRS will give DCS instructions about obtaining the PAE signature at a later date.
- 2. The FSW will schedule a psychological evaluation in coordination with the ATS and DMRS. Once a psychological evaluation is completed, like the PAE, it must be updated every 90 days while DMRS services are being finalized. If a full psychological evaluation has been completed within the past 90 days, this report can be used for the DMRS admission process as long as updates can be obtained. Please be advised, completion of a psychological evaluation for the sole purpose of the DMRS admission is not a TennCare covered service. TennCare does, however, cover

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	psychological evaluations determined to be medically necessary.
F. Submission of the PAE to the Bureau of TennCare	When the PAE is completed with all necessary supporting documentation, DMRS will submit the PAE packet of information to the Bureau of TennCare for approval. The approval process takes approximately eight to ten days. If TennCare denies the PAE, resubmitting an amended PAE with additional documentation will often result in PAE approval. DMRS will alert DCS when they recommend PAE resubmission. Any final denial of service must be appealed within 30 days from the denial letter date. The FSW will contact the Regional Well Being unit for assistance with filing the appeal.
G. Convene Adult Transition CFTM,s	After TennCare approval of the PAE, the FSW will convene Child and Family Team meetings as necessary to accomplish adult transition into DMRS services. When TennCare approves the PAE, DMRS will identify a service provider and a specialized case manager titled Independent Support Coordinator (ISC). The DMRS case manager, ISC, and prospective provider should be included in the Adult Transition CFTMs to plan for the youth's transition.
H. DMRS Transition Date	Once a date is set for the youth to transition into DMRS services, the FSW or ATS will notify DCS Child Placement staff to terminate DCS services on the transition date.

Forms:	None
Collateral documents:	Steps for Transitioning Youth With Mental Retardation (MR) Into The Division of Mental Retardation Services Home and Community Based Services Medicaid Waiver Program Conservator Application Memorandum Instructions Uniform Civil Affidavit of Indigency Report of Physical, Psychological Or Other Examination Conservatorship Information Form Consent To Serve As Conservator And Joinder In Petition For Appointment Of Conservator

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Glossary:	
Conservator	Someone appointed by a Court, to which an individual's rights have been transferred. For example, the right to make decisions about treatment or medical care may be transferred from the individual to the conservator, giving the conservator the authority to consent or refuse medical treatment on behalf of the individual.
Mental Retardation	Mental retardation is generally defined by an IQ score of 70 or below in a standardized individually administered measure of intelligence, accompanied by significantly impaired adaptive behavior (e.g., scores below the 10 th percentile on a standardized measure of adaptive behavior); and that has an onset prior to the age of 18 years.
Family Service Worker	This is a DCS term used to identify the position previously known as the DCS case manager or home county case manager. This person is principally responsible for the case and has the primary responsibility of building, preparing, supporting and maintaining the Child and Family Team as the child and family move to permanence.

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